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OCT 15 2004

PATENT

Att'y Docket No. HILB/702/262

Confirmation No. 6247

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence and the enclosures noted herein (21 total pages, including cover sheet) are being transmitted via facsimile transmission to Examiner Jeffery A. Brier, Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 at 703-872-9306 on October 15, 2004.

Judith L. Volk
Judith L. Volk

October 15, 2004
Date

Applicant: Barnes et al. Art Unit: 2672
Serial No.: 09/973,622 Examiner: Jeffery A. Brier
Filed : October 9, 2001
For : VISUAL FUNERAL PLANNING SYSTEM

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. ☒ Transmitted herewith is a Request for Continued Examination (RCE).
2. ☐ Small Entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
☐ Enclosed is a verified statement to establish Small Entity status
☒ Other than a Small Entity
3. The fee has been calculated as shown below:

CALCULATION OF FEES

Fee:	Number of Claims After Amendment:		Previously Paid For:	No. Extra:	At Rate:	Amount:
Total Claims	45	minus	52	0	\$18	\$0.00
Independent Claims	3	minus	9	0	\$88	\$0.00
MULTIPLE DEPENDENT CLAIM FEE					\$300	\$0.00
TOTAL FEE FOR CLAIMS:						\$0.00

- ☒ No additional fee for claims is required.

4. ☐ Attached is a check in the sum of \$_____ for additional claims.
☐ Please charge my Deposit Account No. 23-3000 in the amount of \$_____.
5. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply. Complete (a) or (b) as applicable.

- ☒ (a) Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

	<u>Ext. Mos.</u>	<u>Large entity</u>	<u>Small entity</u>
<input type="checkbox"/>	one month	\$ 110.00	\$ 55.00
<input type="checkbox"/>	two months	\$ 430.00	\$ 215.00
<input checked="" type="checkbox"/>	three months	\$ 980.00	\$ 490.00
<input type="checkbox"/>	four months	\$1,530.00	\$ 765.00
<input type="checkbox"/>	five months	\$2,080.00	\$1,040.00

Extension fee due with this request:

\$ 980.00

Method of Payment: Please Charge Deposit Account 23-3000 in the amount of \$ 980.00

If an additional extension of time is required, please consider this a petition therefor.

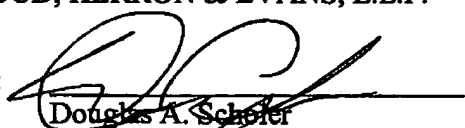
(Check and complete the next item, if applicable)

- ☐ An extension for _____ months has already been secured and the fee paid thereof of \$_____ is deducted from the total fee due for the total months of extension now requested. Extension fee due with this request \$_____.
- OR**
- ☐ (b) Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.
6. ☒ If any additional fee for claims or extension of time is required, charge Account No. 23-3000.

Respectfully submitted,

WOOD, HERRON & EVANS, L.L.P.

By:


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Enclosed:

Fax Cover Sheet containing Certificate of Facsimile Transmission (1 page)
Transmittal containing Certificate of Facsimile Transmission and Request for a Three-Month Extension of Time (2 pages)
Request for Continued Examination (RFE) (1 page)
Copy of Amendment After Final Faxed on 8/26/2004 (17 pages)